MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-026473

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

C#1716151 SL#30769

Registration District No. 318 Primary Registration District 1903 Registrar's No. 6395 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

FILED JUN 21 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b: 7 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VAH, ST. LOUIS, MO.
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY Howell
c. CITY OR TOWN MOUNTAIN VIEW
Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location): P O BOX 188
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First BERT Middle A. Last TRIPLETT

4. DATE OF DEATH: Month Day Year: JUNE 14, 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11/10/96

9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MILL WORKER

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (City and state or country): PLACE VAILEY, MO.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: EDWARD TRIPLETT

13b. MOTHER'S MAIDEN NAME: BARBARA MESSINGER

14. NAME OF HUSBAND OR WIFE: GRACE TRIPLETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO.

17. INFORMANT: GRACE TRIPLETT SEE 2D
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CARCINOMA OF LUNG
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 163+
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/7/63, to 6/14/63 and last saw him alive on 6/14/63
Death occurred at 6:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Michael P. Kaye M. D.

22b. ADDRESS: VAH, ST. LOUIS, MO.

22c. DATE SIGNED: 2/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 6-17-63

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): Mountain View, Mo.

24. FUNERAL DIRECTOR ADDRESS: Duncan Funeral Home, Mountain, View, Mo.

25. DATE RECD. BY LOCAL REG.: JUN 17 1963

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.